

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/576642

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	1				
3	/	1				
4	/	2				
5	/	1				
6	/	1				
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/	1				
16	/					
17	/					
18	/					
19	/					
20	/					
21	/	1				
22	/					
23	1					
24	/					
25	/					
26	/					
27	3					
28	3					
29	3					
30	3					
31	3					
32	3					
33						
34	/					
35	/					
36	2					
37	2					
38	/					
39	/					
40	/	1				
41	/					
42	/					
43	2					
44	/					
45	/	1				
46	/					
47	/					
48	/	1				
49	3					
50						
TOTAL IND.	15		↓	↓	↓	
TOTAL DEP.	52	←	←	←		
TOTAL CLAIMS	67					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						